

FILED APR 15 1950 STANDARD CERTIFICATE OF DEATH

State File No. 8456

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 5547		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Quarry</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Rosevelt</u> c. (Last) <u>Coleman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 16, 1905</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>William Coleman</u>				13b. MOTHER'S MAIDEN NAME <u>Delia Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>490-30-8421</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Surgical Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Present</u> <u>59103</u> <u>4</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rock Quarry</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Franklin (R70) Howard MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>3-22-1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Rock slide in quarry</u>			
22. I hereby certify that I attended the deceased from <u>3-22-1950</u> , to <u>3-22-1950</u> , that I last saw the deceased alive on <u>3-22-1950</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Bloom</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Fayette MO</u>		23c. DATE SIGNED <u>3-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 26</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gooch's Mill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-28-50</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stegner Funeral Home</u>		25. ADDRESS <u>Boonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1950

RECEIVED 3-31-50

District Health Officer No. 8,

District File Number.....

Date Filed 4-13-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.